

**Completion Certificate**  
**Windswept Grant Program**  
**January 2010**

**A. Participant Information**

Grant Amount: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Organization \_\_\_\_\_

Installation Address: \_\_\_\_\_

City: \_\_\_\_\_ State: Maryland Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Electric Utility Name: \_\_\_\_\_

Sections B through D should be filled out by the **installer** of the wind energy system.**B. Wind Energy System Information**

Turbine Location: \_\_\_\_\_ System Size (kW): \_\_\_\_\_

Turbine Manufacturer: \_\_\_\_\_ Turbine Model# : \_\_\_\_\_

Inverter Manufacturer: \_\_\_\_\_ Inverter Model #: \_\_\_\_\_

Inverter Power Rating: \_\_\_\_\_ Tower Manufacturer: \_\_\_\_\_

Battery Back-up: Yes or No Capacity (kW): \_\_\_\_\_ Tower Height: \_\_\_\_\_

**C. Installation Contractor/Subcontractor Information**

Installation Contractor Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Contractor/Customer Project # \_\_\_\_\_

Contractor's Md. License #: \_\_\_\_\_ Type of License: \_\_\_\_\_

Company Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Project Start Date: \_\_\_\_\_ Installation Date: \_\_\_\_\_

Contractor DUNS #: \_\_\_\_\_ Jobs Created (FTE) \_\_\_\_\_

Jobs Retained (FTE) \_\_\_\_\_ Registered Maryland Minority Business Enterprise (Y/N)

Subcontractor Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Subcontractor's Md. License #: \_\_\_\_\_ Type of License: \_\_\_\_\_

Company Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Subcontractor DUNS #: \_\_\_\_\_ Jobs Created (FTE) \_\_\_\_\_

Jobs Retained (FTE) \_\_\_\_\_ Registered Maryland Minority Business Enterprise (Y/N)

Description of Services Provided by Contractor/Subcontractor(s): \_\_\_\_\_

#### **D. Hardware and Installation Compliance and Inspection**

Please check all applicable statements.

\_\_\_\_\_ The system hardware is in compliance with *all applicable performance and safety standards including: county and local codes, the National Electric Code, Maryland's Net Metering Law and State interconnection standards.*

Electrical Permit #: \_\_\_\_\_ Issued By (County or Municipality Name): \_\_\_\_\_

Master Electrician Name: \_\_\_\_\_ Md. Electrician's License #: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

I solemnly affirm under penalties of perjury that I am a contractor licensed in Maryland, and have met the requirements of the local codes authority regarding system safety and reliability and that all the contents of the foregoing Completion Certificate are true to the best of my knowledge, information, and belief.

Signed (Contractor): \_\_\_\_\_ Date: \_\_\_\_\_

Name  
(Print): \_\_\_\_\_ Company: \_\_\_\_\_

#### **E. Other Information Required by the American Recovery and Reinvestment Act of 2009**

Recipient's Doing-Business-As Name (DBA) (if applicable): \_\_\_\_\_

Recipient's Congressional District (found at <http://www.house.gov/zip/ZIP2Rep.html>): MD \_\_\_\_\_

Recipient's Legal Address (if different from Installation Address) : \_\_\_\_\_

☐ Recipient (if a business, government entity or organization) has attached completed installer prevailing wage rate/payroll (Davis-Bacon) forms (Sample form available at the following link: <http://www.dol.gov/esa/whd/forms/wh347.pdf>)

#### **F. Owner Acknowledgement**

I solemnly affirm under penalties of perjury that I am a Maryland building owner, and have met the requirements of the program as described in the terms and conditions of the Grant Commitment Letter and the Grant Program Terms and Conditions, including the ARRA Addendum Special Terms and Conditions (Revised January 2010), and that the contents of the foregoing completion certificate are true to the best of my knowledge, information, and belief.

Signed (Owner): \_\_\_\_\_ Date: \_\_\_\_\_

Social Security # -or- FID: \_\_\_\_\_

Please include a photo of the project or email an electronic photo to:

Attention Windswept Program  
[Meainfo@energy.state.md.us](mailto:Meainfo@energy.state.md.us)

**Mail this Completion Certificate and supporting documentation to:**

**-Attention- Windswept Grant Program  
Maryland Energy Administration  
1623 Forest Drive, Suite 300  
Annapolis, MD 21403**